



MANCHESTER NH POLICE DEPARTMENT USE OF FORCE REPORT



Case #	Officer:	Date:	Time:	Day:
Use of Force		Against:		
Was an arrest made? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Force Used: Check one:				
<input type="checkbox"/> OC		<input type="checkbox"/> Handgun used		
<input type="checkbox"/> Baton		<input type="checkbox"/> Handgun displayed		
<input type="checkbox"/> K-9		<input type="checkbox"/> Rifle		
<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Shotgun		
Summary of Incident:				
Was medical attention required?		If yes, describe below....		
Were any injuries sustained?		If yes, describe below....		
Describe the effects of the force used on any persons involved, and any decontamination method used if any....				
Suspect Information:				
<input type="checkbox"/> Armed with a deadly weapon		<input type="checkbox"/> Armed with a non-deadly weapon		
<input type="checkbox"/> Not armed		<input type="checkbox"/> Had been drinking		
<input type="checkbox"/> Impaired or Intoxicated		<input type="checkbox"/> Under the influence of drugs		
<input type="checkbox"/> Agitated prior to police arrival		<input type="checkbox"/> Any disability (describe):		
<input type="checkbox"/> Language barrier (if so language spoken)				
Officer Information:				
# of Officers present:	# of Officers injured:	Officer description:		
Duty Status:	Route/Assignment:	Mode:		
<input type="checkbox"/> Verbal Commands Used Before	<input type="checkbox"/> Verbal Commands Used During	<input type="checkbox"/> Verbal Commands Used After		
Miscellaneous Information:				
Offense/Charge:	Lighting:	Location:		
Weather Conditions:		Surface Conditions:		
# of Bystanders:	# of Bystanders contaminated:	Injured?	Involvement:	
This report is to be filled out after the intentional or unintentional use of force with any weapons or the unintended use of any type of force resulting in injury or death to any person. All reports will be submitted along with the White notes and forwarded to the Training Director.				
Signature of reporting officer:		Reviewed by:		Date: